

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

APPLICATION INSTRUCTIONS

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD

SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST APPLICATION PACKET

This application packet should contain the following information:

- 1.) Five (5) pages of instructions and information
- 2.) Application Checklist
- 3.) A three (3) page application form
- 4.) A Verification of Speech-Language Pathologist or Audiologist Licensure Form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or by email at pla4@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT www.pla.in.gov/speech.htm.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or by email at pla4@pla.in.gov. For additional information, please visit our website at www.pla.in.gov.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SLPA Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable (***outlined in IC § 25-1-8-2(e)***).

SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST APPLICATION

JURISPRUDENCE EXAMINATION

All Applicants for licensure as a speech-language pathologist or audiologist must pass a written jurisprudence examination. When your application has been approved, you will receive the jurisprudence examination and instructions. The jurisprudence examination will cover the Speech-Language Pathology and Audiology Statute (IC § 25-35), Administrative Rules (Title 880) and the Health Professions Standards of Practice (IC § 25-1-9), which are contained in this packet. The passing score on the jurisprudence examination is seventy-five percent (75%). **NO APPLICANT IS EXEMPT FROM TAKING THE LAW EXAMINATION.**

APPLICANTS SEEKING LICENSURE AS BOTH A SPEECH-LANGUAGE PATHOLOGIST AND AS AN AUDIOLOGIST

Applicants who wish to seek licensure, as both a Speech-Language Pathologist and an Audiologist must file separate applications for both areas and submit appropriate documentation. Please contact the Indiana Professional Licensing Agency and request an additional application packet if you are planning to apply for licensure in both professions.

COMPLETION OF THE APPLICATION PROCESS

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

APPLICATION

Mail completed application along with the items listed below to the Indiana Professional Licensing Agency.

AFFIDAVIT

If you answer "yes" to any question on page 2 of your application, you must explain fully in a signed and notarized statement, meaning an explanation or statement of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a one hundred-fifty dollar (\$150) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

PHOTOGRAPH

Applicants must submit one (1) acceptable photograph, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will not be accepted.

NOTE REGARDING NOTARIZED COPIES

Any notarized copy of an original document must have the notary public make a statement to the fact that the notary has seen the original document.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades from the speech-language pathology or audiology school, verifying that the applicant possesses a Master's degree or its equivalent from an accredited academic institution in the area for which the applicant is applying for licensure. **Transcripts must be original, official transcripts sent directly from the university. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.** *Audiologist must possess a doctoral degree or its equivalent and completed a minimum of one thousand eight hundred twenty (1,820) clock hours of supervised clinical practicum, including a clinical experience that is equivalent to a minimum of twelve (12) months of full-time supervised experience obtained during completion of the Audiology degree program.

DIRECT SUPERVISED CLINICAL EXPERIENCE

Applicants must submit certification from their educational institution that the applicant has completed four hundred (400) hours of direct supervised clinical experience.

CLINICAL FELLOWSHIP

Applicants must submit certification of completion of a clinical fellowship, which meets requirements of IC 25-35.6-1-5(5) and 880 IAC 1-1-3. Submit to the Board evidence of completion of at least nine (9) consecutive months, of full-time employment or its equivalent not to exceed a maximum period of eighteen (18) consecutive months. A clinical fellowship of fewer than fifteen (15) hours per week will not fulfill any part of the supervised experience requirement.

OFFICIAL ETS-PRAXIS SERIES SCORES

Applicants must submit an official score report from ETS-Praxis Series, verifying a passing score on the examination. Request that your official scores be sent directly to the Indiana Professional Licensing Agency from ETS. You can contact ETS for information regarding how to obtain your scores and the fee information at:

**ETS – Praxis Series
P.O. Box 6051
Princeton, NJ 08541-6051
800-772-9476**

CERTIFICATE OF CLINICAL COMPETENCE FROM ASHA

Applicants may submit a current Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association as a substitute for the following requirements:

- 1.) Official Transcript
- 2.) Direct Supervised Clinical Experience
- 3.) Clinical Fellowship
- 4.) Official ETS-Praxis Series Scores

You will need to contact ASHA to request an original letter of verification indicating completion of all requirements to be **sent directly** to our office. The verification must have a current expiration date. ****Please Note: If you choose to submit official documentation of your CCC's you are not required to submit your Official Transcript, Direct Supervised Clinical Experience, Clinical Fellowship, and Official ETS-Praxis Series Scores, however YOU MUST COMPLETE ALL AREAS OF THE APPLICATION.**

CRIMINAL BACKGROUND CHECK

Pursuant to Senate Enrolled Act 363 an individual applying for a speech-language pathology or audiology license on July 1, 2011 or after shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check.

Criminal background checks must be obtained after you apply for your speech-language pathology or audiology license with the Board and prior to the issuance of a license.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to www.L1enrollment.com and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click "go".

5. Choose your Agency Name **Professional Licensing Agency** and click “go”.
6. Choose the correct **Applicant Category** for your license type and click “go”.
7. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
8. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
10. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
11. Complete your payment process and click “Send Payment Information”.
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** of the following with you to your fingerprinting appointment: valid driver license, valid state issued identification card, valid passport, student identification card with picture and date of birth (DOB), work identification card with picture and DOB, valid alien identification card with picture and DOB. If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.
14. Arrive at the facility at your appointed date and time.
15. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the Indiana Professional Licensing Agency. L-1 is never in possession of criminal record data results.

VERIFICATION OF STATE LICENSURE.

Applicants must complete the top portion of the Verification of Speech-Language Pathologist or Audiologist Licensure Form and submit the form to every state where you currently hold or have previously held a license. The remainder of this form must be completed by the appropriate state authority and returned directly from the state board office. **A copy of an applicant's license is not sufficient.** Other states may charge a fee for this service. Please contact that state for fee information. This form may be duplicated if necessary.

NAME CHANGE.

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

APPLICATION CHECKLIST

This is a simplified list of the required documentation, necessary for Board review of your application for licensure as a speech-language pathologist or audiologist in the State of Indiana. The preceding instructions explain how the documentation must be submitted or obtained.

_____ **COMPLETED APPLICATION**

_____ **NOTARIZED AFFIDAVIT**

Required if you responded, "yes" to any question on page 3 of the application.

_____ **ONE (1) PHOTOGRAPH**

_____ **\$150.00 APPLICATION FEE**

_____ **OFFICIAL TRANSCRIPT**

Showing the applicant possesses a master's degree or its equivalent from an accredited institution in the area for which the applicant is applying for licensure.

_____ **DIRECT SUPERVISED CLINICAL EXPERIENCE**

Certification from the educational institution that the applicant has completed three hundred (300) hours of direct supervised clinical experience.

_____ **CLINICAL FELLOWSHIP COMPLETION**

Submit to the Board evidence of completion of at least nine (9) consecutive months, at no less than thirty (30) hours per week, of clinical experience in the professional area (speech-language pathology or audiology) for which a license is sought.

_____ **OFFICIAL ETS-PRAXIS SERIES SCORES**

Official ETS-PRAXIS Series scores submitted by the appropriate agency

_____ **ORIGINAL VERIFICATION LETTER FROM ASHA OF CLINICAL COMPETENCE (CCC)**

An original verification letter from ASHA may be substituted for the following requirements: (1) official transcript, (2) direct supervised clinical experience, (3) clinical fellowship and (4) official scores. The certificate must have a current expiration date.

_____ **CRIMINAL BACKGROUND CHECK**

_____ **VERIFICATION OF STATE LICENSURE FORM(S)**

Completed by every state where you currently hold or have previously held a license.

_____ **PROOF OF NAME CHANGE**

Any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.